2411 N. Chartes St., Baltimore (53)

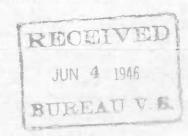
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CERTIFICATE OF DEATH

	Nos. District
1. PLACE OF DEATH: Worksond	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County.	Wid surface of mounts of the ford
City or town Jarrettsoulle	State County County
(If outside city or town limits, write RURAL and give nearest town)	City or town development
How long in above place of death?	outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Walter Finner	Aucley
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
Verile wet we	DAM 10 11 3-15F
male neale Medower	20. DATE OF DEATH May 10 19 4 6 at 3 - 15 P
8.(b) Name of husband or will Tarusa Reference and	I CERTIFY that death occurred on the date above stated: that t attended deceased from
	January 1946 10 May 1946
7. Birth date of	and that I last saw h. I.M. ally on Capril 19.4.
deceased (mo., day, yr.) Select 14 18 69	Immediate canse of death Barrion DURATION
8. AGE: Years Months Days If less than one day	with motortain 3 mg
76 5 26 mrs.	
alder a strategic se	
9. Birihpiace (Town, county, and state)	Due to
10. Usual occupation. Farmer	Due to.
11. Industry or business returned	
= 12. Name you Sailey	Differ conditions huld Hyperleusin ?
12. Name Journal of Jud	
	(Include pregnancy within 3 months of death)
14. Maiden name Precilla — 15. Birthplace not Known	Major findings of operations. Nove recently
E 15. Birthplace not Known	Some cance and acust 1943
June Jam Jahren	
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Sarrettsville med	
17 Burnal Date thereof may 13-46	22. VIOLENCE: tf death was due to external causes, fill in the following;
(Buriai, cremation, or removal. Which?) Date thereof	Accident, suicide, or homicide
Cemetery or crematory Centre (Where did injury occur?
Commercial of the second of th	
Location Forest feet ma	Injured at home, farm, Industry, public place (where?)
18. Funeral Olirector Mustime Species	Means of Injury Injured at work?
I - were le chard	
Address auchsvelle / ma.	- 23 SIGNATURE TO have U. ROA M.D.
May 13 will Thomas Pl Frown	M. D. or other
(Date rec'd by registrar) Regi	strar Address Danellsville, Mal. Date signed May 1 4 9

PLEASE-WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N.

Charles	St.,	Baltimore	945

CERTIFICATE OF DEATH

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Reg. Diat.	No	()	.1

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Drayford	(For newborn infants give residence of mother)
01.15-100-	State 1119 County Starford
City or town	
	(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city or town limits, write NORAL and give hearest town)
Hospilal, Institution, or streel address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME A	3. (b) Social Security Number
K. O. Baldin	n
4. Sex JaColor or race 6. (a) Single, married; widowed, or diversed	MEDICAL CERTIFICATION
ma a (NO'L (No.)	WEDICAL CERTIFICATION
Male House Hedower	20. DATE OF DEATH // ay 25 1946, at 99. M
O. A. T.	
6.(b) Name of husband or wife Service	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
10.0	may 12 1946, 10 Miles 23 1946
7. Birth date of	and that I last say h was re on Drug 25 19 46
deceased (mo., day, yr.)	
8. AGE: Years Months Days If less than one day	Immediate cause of death
o. AGE:	fich my welles
808 14min	
Abordand or Md.	Marian V. Clarenter
9. Birthplace. (Town county and tate)	Due to
Town county, and state)	
10. Usual occupation.	Due to
11. Industry or business Oherator	94C (U
12. Name of the Baldwin Med !	Other conditions
3. Birthglace Stortord Co. Md	(Eudine Tailere
	(Include pregnancy within 3 months of death)
14. Malden name	Major findings of operations
14. Maiden name ayunda Halker 15. Birthplage Harford Co., M.d.	
El 15. Birthplage	Date of op.
18. Informan / UW. / Havgary Barnowor	Nutopsy results
Olunder Handend Co	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Company of the	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial Date thereof May 27 194	
(Burlal, organical) (burlath) (day) (year)	Accident, suicide, or homicide
Union Chaple Um.	Where did injury occur?
Cemetery or crematory	
Location Storytona So. Illia	Injured at home, farm, industry, public place (where?)
V84 0 12 - 0.	Means of injury injured at work?
18. Funeral director.	
1 anlimato /md,	11/00/109.
Address W WWW G W 1114	23 SIGNATURE Levels & Filly MAS
may 27 the Mall of Children	M. D. of other
(Liste reg'd by registrer) Registre	Address of the state of the sta
(1) and 100 (10) 108 (201 at)	Multiples Oil District Control of the Control

JUN 4 1946-BUREAU V.S.

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2411 N. Char	arles St., Baltimore 200	
CERTIFICA	TE OF DEATH Rog. Dist. No. 182	·
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	**************************************
3. (a) FULL NAME Alice & Bond	3. (b) Social Security Number	****
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced W. Jow.	MEDICAL CERTIFICATION 20. DATE OF DEATH	1 15p
6.(b) Name of husband or wife	and that I last saw h & alive on	4.6.
9. Birthplace Hartond Co. M. I. (Town, county, and state) 10. Usual occupation House Keeper	Cerebral Oedema 5 wk	
11. Industry or business 12. Name Raff Collins 13. Birthplace Md.	Other conditions (Include pregnancy within 3 months of death)	
14. Maiden name. Jane Archar 15. Birthplace MJ 16. Informant. Lineary Jahrson	Major findings of operations. Date of op.	
Address B. Arr, Md 17. Burial Committee (Month) (day) (year) Commetery or crematory. H. N. J. A. H. H. H. Committee (1)	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	
Location Negr Water Value 18. Funeral director Duan 9 Jester Address Bulain Md	Injured at home, farm, industry, public place (where?) Meens of injury Injured at work?	
18. 5/30 19 46 Priscilla Forward (Date ref'd by registrar) Registrar	23. SIGNATURE LA D., or other	9.194

MARGIN RESERVED FOR BINDING

RECEIVE:
JUN 1 1946
BUREAU:

Evidence for the change of birthof deceased is shown on MARYLAND STATE DEPARTMENT OF HEALTH 04876 correct age 2411 N. Charles St., Baltimore 9400 CERTIFICATE OF DEATH MALKI INU. 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: information carefully. The co (For newborn infants give residence of mother) How long in above place of death? Hospital, institution, or street address where death occurred: (If rural, give LOCATION) How long in hospitat or institution? 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION every item of ite the causes MARGIN RESERVED FOR BINDING male 20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ADING INK. Supply eve Physicians: please write 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years If tess than one day (Town, county, and state) 10. Usual occupation ... 11. Industry or business important. (Include pregnancy within 3 months of death) 14. Maiden na 15. Birthplace Major findings of operations..... PLAINLY, vis especially Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Date thereof Accident, suicide, or homicide..... urial, cremation, or removal. Which? (month) (day) (year) Where did injury occur? WRITE (City or town) Injured et home, farm, Industry, public place (where?) Meens of Injury LEASÉ (Date pec'd by registrar) Registrar

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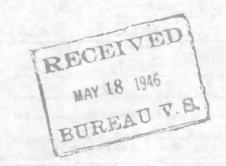
VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93:0

CERTIFICATE OF DEATH

	Neg. Dist. No
1. PLACE OF DEATH: County Carlos Mengine Hosp.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn lufants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State Maryland County Lanford
How long in above place of death?	(If outfide city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred	Street No
How long in hospital or institution?	2.(a) It veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Jama Sut	in the section of the
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
$+$ $ $ ω $ $ ψ	20. DATE OF DEATH May 15 1946 at 525 M
6.(6) Hame of husband or wife Thomas Butler	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
0 (2 11 .11)	May 14 1946, 10 May 13 1946.
7. Birth date of deceased (mo., day, yr.)	and that I last saw h a fally on Way 137 19 46
8. AGE: Years Mooths Days It less than one day	Immediate cause of desth
7hrsmin.	Congesting Please Jacker 20 was
9. Birthplace. Mary land (Town, county, and state)	Due to
10. Usual occupation.	Grace of UT. desease
1t. Industry or business	DUE 10
12. Name Cenburn	Other conditions Ishandation Y
13. Birthplace mayland	(Include pregnancy within 3 months of death)
14. Maiden oame. Charles 15. Birthplace Maryland	Major findings of operations.
≥ 15. Birthplace Many	Date of op.
16. Informant to special free de	Antopsy results
Address / tane de diace	
(Burial, cremation, or removal, Whisting) Date thereof 5/8/4/6 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory 19. Casal	Where did injury occur?
Location Maryland	Injured at home, tarm, industry, public place (where?)
18. Funeral director. W. J. Webt	Means of Injury lojured at work?
Address Devan Prove Pa.	Mulle Rhilli mal
19. Mvy 15- 18 K6 a. L. Lewis M. S. (Date rec'd by registrar) Registrar	23. SIGNATURE M. D. or other Addless afrid Memor ist flop Date signed 5/15/16



VS A15

CITHIN COSPOSATA LIMITO

May 7 18 V 6
(Date rec'd hyfregistrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 480 X

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U	ap.	C	6	0	

CERTIFICAT	TE OF DEATH Reg. Dist. No. 186
1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
Clumie	appear
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Widow	MEDICAL CERTIFICATION 20. DATE OF DEATH MAY 5 19 46 21 715 P.
6.(b) Name of husband or wife. Color of the state of the	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
deceased (mo., day, yr.) What 25- 1878	and that I last saw h 22 alive on may 19 6
8. AGE: Years Months Days It less than one day	Immediate canse of death
68 10hrsmin,	Consti Plant Jalen Hda
9. Birthplace (Down, county, and state) 10. Usual occupation (Down, county, and state) 11. Industry or business	Due to. Outer to Schenden + the parter Due to. CU dusan
12. Name Mon. House 13. Birthplace Mayland	Dither conditions Charles Tell Land Community of Community (Include pregnancy within 3 months of death)
14. Maiden name Cathlerine Colonia	Major findings of operationa
15. Birthplace Maryland	Date of op.
18. Informant College Welfferd	Autopsy results
Address Jundalle, Md.	
17(Bnrial, cremation, or removal, Which?) Date thereof(honth) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the tollowing; Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director	Means of injury Injured at work?
May 7 . X 6 h. L. Lewis on.	28) SIGNATURE Delley Hull M. D. or other
13	I MAN LO I IIIO O DV. V MUITUR

Registrar Address.

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TABLE OF THE OWNER.

MAY 9 1946

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 19

CERTIFICATE OF DEATH

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-				d	2
	Reg.	Diat.	No.	 8	1

County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex St. Scolor or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH MAY - 12 19 46 at 6 30 A. M
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 46. and that I last saw have alive on 19. 46.
8. AGE: Years Months Days It less than one day 37. hrs. min. 9. Birthplace (Town, county, and state)	Immediate cause of death DURATION Pleasature Living 37 ms. Due to
10. Usual occupation	Due to
14. Maiden name Pradic P. Stevens 15. Birthplace Easton Hearing 18. Interment Robert L. Danies	(Include pregnancy within 8 months of death) Major findings of eperations
Address 17	22. VIOLENCE: If death was due to external causes, fill in the tollowing; Accident, suicide, or homicide
18. Funeral director Clauser Culture Address 19. May 15 19. 446 M. H. Kirk (Date rec'6 by registrar) (Date rec'6 by registrar)	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? 23. SIGNATURE M. D. or other Address backing to g Bate stened 3 //2/46

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MAY 21 1946
BUREAU V E

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-7

CERTIFICATE OF DEATH

(4880 183 Reg. Dist. No. 183

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County 22000	State County County
(If outside city or town limits, write RURAL and give nearest town) How long in above place of grath?	City or town (If ontside city or town limits, write BURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex Color of Faca 6.(a) Single, marited, widowed, on diverced	MEDICAL CERTIFICATION
male White Widowed	20. DATE OF DEATH, 22/2 9 19.45.6., 21/2 M
6.(b) Name of Husband or wife Carrie E. Desicus	21. I CERIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw the alive on many 18 19.56
deceased (mo., day, yr.) ALC /8 /8-69	Immediate cause of, death
8. AGE: Years Months Days It less than one day	Cerebral Human 2deys
76, 3 /nin.	The state of the s
9. Birthplace (Town, county, and state)	Due to. At Marine De Company
10. Usual occupation	Que to.
11. Industry or business	BUC (
12. Name Can Alana Mana canal	Dither conditions
13. Birtholace Identified for med	
# 14. Malden name Man Duston	(Iuclude pregnancy within 3 months of death) Major findings of operations
15. Birthplace Thorsel for man	
21 13. O'TIMPIZCE	
18, Informant	Autopsy results
Address Steff Cir My	22. VIOLENCE: It death was due to external causes, till in the following:
(Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory Manuarille 22 Blandy	Where did injury occur?
in inila med!	Injured at home, tarm, industry, public place (where?)
Location Location White State	Means of Injury Injured at work?
18. Funeral director	Sin I Son for Meno
Address some since on	23. SIGNATURE M.D. or other
(Date reg'd by registrar) 19 HL Monas P. Beston Registrar	State I da may 21

BUREAU V.B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore BIR

CERTIFICATE OF DEATH

(14881 182 Reg. Dist. No. 182

1. PLACE OF DEATH: Harland	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
City or tewn	State County Zakara
	City or town Sel ar Renal
How long in above place of death? ————————————————————————————————————	(If outside city or town limits, write RURAL and give nearest town)
mospinal, institution, or street address where dealy occurred.	Street No.
	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Jucub. G Wowha	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Shele, married, widowed, or divorced	MEDICAL CERTIFICATION
m	20. DATE DE DEATH 27 204 19 46, at 10 0
0 6 11	
6.(b) Name of husband or wife. Craceus Hanne	21. I CERTIFY that death occurred on the lefte above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Suff 4 - 186 (and that I last saw had all the all ve on 1944
8. AGE: Years Months Days If less than one day	Immediate cause of death
Gu l	creterial semential 10 hr
87 hrsmin.	
9. Birtholace Hastondlew new	Due to.
(Town, county, and state)	
10. Usual occupation. Released denses	Due to
11. Industry or business	
12. Name Wan a Durhum	Lance Heller Ja 744
E In .	Diher conditions.
	(Include pregnancy within \$ poorths of death)
14. Malden name Rashel a Isladdles 15. Birthplace	
15. Birtholace	Major findings of operations
m Ext of the	- Date of op.
16. Informant	Autopsy results
Address Bellin Hus	
17. Buil Baie thereof May 22/46	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. That Jean	Where did injury occur? (City or town) (County) (State)
Land Green	Injured at home, farm, industry, public place (where?)
Location	
18. Funeral director Allen Y Frate	Means of injury Injured at work?
Address Bellee mu	ff totass
5/911 HBinell bourned	23. SIGNATURE M. D. or other
19. (Date ree'd by registrar) Registrar	Washington Was Trafil

RECEIVED MAY 22 1946 BURBAUV 8

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

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CERTIFICATE OF DEATH

		.00
Reg.	Diat.	No. 182

1. PLACE OF DEATH: County	State Maryland County Harlord Cardiff (if outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
3.(a) FULL NAME Elizabeth Feeney	3. (b) Social Security Number
4. Sex Female white widowed, or divorced white widowed 8.(6) Name of husband or wife Charles Feeney	MEDICAL CERTIFICATION 2D. DATE DF DEATH 21. I CERTIFY 1hal death occurred by the date above stated; 1hat laltended deceased from 18. to May 19. 19. 6
7. Birth date of deceased (mo., day, yr.) May 7, 1867	and that I last saw h
8. AGE: Years Months Days If less 1han one day 27 hrsmir	1. Cownery Throntonis Many
8. Birthplace	Due to Generalized When alerana Due to Differ conditions
14. Maiden name. Bridget McSherry 15. Birthplace Ireland	(Include pregnancy within 8 months of death) Major findings of operations. Date of op.
16. informant Mrs. Mary A. Kavanaugh Address 2806 E. Balto. St. Balto. Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burial Date thereof May 7, 194 (Burial, cremation, or removal, Which?) Cemetery or createry. St. Mary's Location Pylesville, Md.	Accident, suicide, or homicide
18. Funeral director Hubert P. Harkins Address Delta, Pa. 19. May 4 19 46 M. D. Kirkins (Date rec'd by gristrat) Regristra	Means of Injury Injured at work? 23. SIGNATURE M. D. or other M. D. or other

DEFECT OF THE PROPERTY OF STREET

HIT/ARD TO STATE STITES



DURATION

	DEPARTMENT OF HEALTH harles St., Baltimore
CERTIFIC	ATE OF DEATH Reg. Dist. No. 185
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (Eor newborn lofants give residence of mother) State City or town (If outside city or town limits, write RURAL and give nearest to Sireel No. 22 (If rural, give OCATION)
How long in hospital or institution?	2.(α) If veleran, namo war
3. (a) FULL NAME Tolan Henry Fisher J	3. (b) Social Security Numb
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION Nay 29 46
B.(b) Name of based of wife. Lesseie. Page Trishin. 6.(c) If allve, give age. 3.9	20. DATE OF DEATH
8. AGE: Years Months Days If less than one day Alaid 4/hrs.	Immediate cause of death Frusture shull min.
9. Birthplace (Towo, county, and state) 10. Usual occupation.	Due to
11. Industry or business 12. Name John IV. John 13. Birthplace Starbville, Miss.	Other condillons compound fracture Cut bouls both Congression (Include pregnancy within 8 months of featil)
14. Maiden name. 22. 15. Birthalace	Major findings ol operations
Address 22 Tennay Dl. alerden Ma	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statis 22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Cemelery or cramatory	Where did Injury occur? # are de drose ([afford de County]) (City or town) (County) (St.
Location Management Management 18. Funeral director Leavement Transformation of Company (1997)	tnjured at home, farm, Industry, public place (where?) 1 3 homes Means of Injury H I y auto Injured at work?
Address Than de Deace	23. SIGNATURE Deputy Neclical Fixam

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JUN 2 1946 BUREAU V.E

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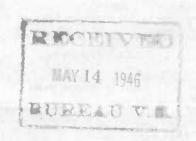
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 53.2)

CERTIFICATE OF DEATH

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		CERTIFICA	IE OF DEATH	Reg. Dist. No(0.00
1. PLACE OF DEA County Harfor	TH:	•	2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of		
Euros 7	Fore	est Hill	state Maryland co	Harford	
City or town Rural	tside city or town li	mits, write RURAL and give nearest town)	Rural	Forest Hill	
		ars	(If outside city or town limit	s, write RURAL and give ne	earest town)
Hospital, Institution, or	Street address where	death occurred:	01		
			(If rural, give	LOCATION)	
How long in hospital or			2.(α) It veteran, name war		
3. (a) FULL NAME			μ - Κ. γ. κ	3. (b) Social Security	
	Charles N	Grafton		None	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
					0.30 1
Male	White	Married	20. DATE OF DEATH May 9	1940	at 9:00 M.
6.(b) Name of husband o	or wife Am	in Grafton	21. I CERTIFY that death occurred on the date ab April 15	ove stated; that I attended dec	eased from
7. Birth date of			and that I last saw h im alive on May	9	146
deceased (mo., day, yr	auro	unt 18. 1882	Immediate cause of death Sarcoma		OURATION
8. AGE: Years	Months	Days It less than one day	Immediate cause of death	,	8 years
63	8	2/hrsmir		ight leg 8	
	Ann Palas	od (5 md	wears ago. Cause of	death was	
9. Birthplace	Cowa	county, and state	metastatic sarcoma o	f spine .	**
	7	armer	me cabbacto barooma o		***
10. Usual occupation	10		Due to		
11. Industry or business	Na	Vy		***************************************	
12. Name.	ames	0,0 stratton	Dther conditions	0.4.4.5.001.1.1.1.5.5.1.0.000.000.000.000.000	***
E	Anne	and Cr. mid			
13. Birthplace	The last	Del Bas * C	(Include pregnancy within 3	months of death)	
14. Maiden name	Maru	aa priwon	Major findings of operationsSar.com	of leg.	
O 15 Birthniage	FNIN	All md,	Major nadiags of operations		8
- 13. pringrate	1	and Canalt	LI.		
18. Informant	VL I W	The same of the sa	Autopsy results	which death should be charge	d statistically.
Address	wrest 2	Aug Ma,			
12	-1	Mare 11/104	22. VIOLENCE: If death was due to external ca		
17 (Burial)	Which?	Date thereof (month) (day) (Near)	Accident, suicide, or homicide	Dato of	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	20.017	TA TILL Con	Where did injury occur?(City or town)		
Cemetery or cremate		1 As medi			
Location 12	TONKONA	(Co.; 111101)	Injured at home, tarm, tadustry, public place (where?)	
	A.d.	Bailen	Means of Injury	tnjured at work?	
18. Funeral director		Z mell	"	1	
Address 600	viling	102, 1119;	(1) 00-16	Aug son	
1410	All	B. 100 P.	23. SIGNATURE LA	M. D	or other
19.2/10	19 7 6	1 mccca souro	Address Forest Hill, Mary	rland Oate signed	5-10-46
(Date rec'd by rea	ristrar)	Registra	Address All Co. H. Lich there All the	nate signed	



PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

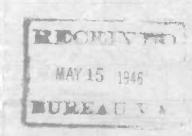
2411 N. Charles St., Baltimore 1707

CEDTIFICATE OF DEATH

THE ABOVE IN GOOD CONDITION

14885

CERTIFICAT	E OF DEATH Reg. Dist. No. / 80
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Harford	(Trailers area)
City or town Abingdon (If outside city or town limits, write RURAL and give nearest town)	Oot toward
How long in above place of death? Dead on Arrival	(If outside city or town limits, write RURAL and give nearest town)
Respital, Institution, or street address where death occurred: Station_HospitalAberdeen_Proving_Ground	Street No. Route # 1
How long in hospital or institution?	2.(a) If veteran, name war. World War II
3. (a) FULL NAME	
Moselma Hall 6 393 671	3. (b) Social Security Number
4. Ses 5. Color or race 8.(a) Single, married, widowed, or diversed	MEDICAL CERTIFICATION
Male White Single	20. DATE OF DEATH May 9 1944 18:55 P
	20. BATE OF BEATH
6.(b) Hame of husband or wife	ZI. I CERTIFY TRAY DESTRICTED THE DATE STORE STORE TRAY I STRENGE DECEASED FROM
7. Birth date of	and that I last saw hative on
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days If less than one day	1. Subdural Hemotoma 2. Petechial
)	hemorrhages in brain substance
8. Birthplace Cottonwood (Town, county, and state)	Due to 3. Extensive lacerations of liver
10. Usual occupation Soldier	
f1. Industry or business	Due to
	Other conditions
12. Name None listed & 75 Hall	
8 . 64/ 0	(Include pregnancy within 3 months of death)
	Major findings of operations.
	Date of op.
16. Informant Bonnie Huff Hall (Mother)	Antopsy results
4	22. VIOLENCE: If death was due to externat causes, fill in the following:
(Burlal, crymation, or removal. Which?) Date thereof (mong) (day) (year)	Accident, Suicide, or homicide Accident Date of May 9, 1944
Cemetery or crematory of human + Wiekness France 14 me	Where did injury occur? Abingdon Harford (City or town) (County) (State)
Location Dothaw alstone	injured at home, farm, industry, public place (where?)
town of me for more	Means of Injury automotifie to topy at work? 200
18. Funeral director.	Levale C. Palmer 14.
Address about Maryland	23. SIGNATURE DEPUTY-MEDICAL EXAMINED
19 May 11 1046 maren Morledale	HARFORD COUNT M. D. or other
(Date red by registrar) Registrar	Address



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92-67

CERTIFICATE OF DEATH

04886

		185
Dist.	No.	

	40g, 5140
1. PLACE OF DEATH: County City or town (If outside city or town limits, write RUKAL and give nearest town) How long in above place of death? 30 4000 Hospital, institution, or street address whose death occurred: 50 6000 How long in hospital or institution? 3. (a) FULL NAME Fannie Weiss Hec	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Set 5. Color or race 8.(a) Single, married, widowed, or divorced Zemake White Married	MEDICAL CERTIFICATION 20. DATE OF DEATH 156 at 3:100
6.(6) Name of husband or wife E. M. Q.M. U.E.L. H. Q.M. Q.E. Years 7. Birth date of deceased (mo., day, yr.)	21. I CERTIFY that death occurred on the date above stated: that Lattended deceased from 19.3 and tifat I last saw h
13. Birthplace Bohenia 14. Maiden name VIK 9 IN CA S. BLOCA 15. Birthplace Basto MA	Major findings of operations. Date of op.
16. Informant Address 556 Greene 5 K 17. Qurisl (Burisl, cremation, or removal, Which?) Cemetery or crematory. Hehrau Friendship Location Balto K Cone Kuns 3 + 8 18. Funeral director Ti Ahrens & Co	Actopay results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
19. Muy 2 19 46 G. L. Varnis med. (Date ree'd by registrar)	Address Transcription Date Signed 37/3

MARGIN RESERVED FOR BINDING

PLEASE. VS A15

STREET SOURCE OF THE STREET

MAY 9 1946
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

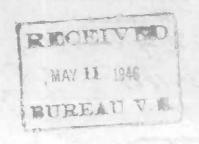
04887

CERTIFICAT	TE OF DEATH Reg. Diat. No. / 5
1. PLACE OF DEATA: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or lown (if outside city town limits, write RURAL and give nearest town) Street Ro. (If rural, give LOCATION)
How long in hospital or institution? 3. (a) FULL HAME	2.(a) If veteran, name war
Sole of Henry Thimes	3. (b) Social Security Number
4. Sex 5. Color or race (S.(4) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION 2D. DATE DF DEATH. MANY 6 1946, at 2.30A,
6.(b) Hame of husband or wife 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day hrs. min. 9. Birthplace Cown, annty, and eight 11. Industry or business 11. Industry or business 12. Name. 13. Birthplace 14. Maiden name 15. Birthplace	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.44
16. Informant Man. Jacob Collision Address 1 + and de Quant	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burial, cremation, or removal, Which?) Cemetery or crematory	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location 18. Funeral director Address The second of registrar 19. (Date rec'd of registrar) Location 18. Funeral director Registrar Registrar	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? 123. SIGNATURE: M. D. or other Aure At Krase 200. 5-0-46

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

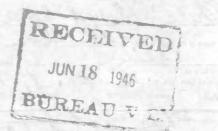
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICAT	E OF DEATH Reg. Dist. No. / 8
County City or town. (If outside city or town mits, write RURAL and give nearest town) How long in above place of death? Hospital, instilution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infauts give residence of mother) State
3. (a) FULL NAME Robert Cl. Lan	3. (b) Social Security Number 2/4-18-5265
4. Sex 5. Color or race 0. Colorade, married, writewad, or divorced 6. (b) Name of husband or wife Sex Sex 7. Birth date of deceased (mo., day, yr.) Sex Sex 8. AGE: Years Months Days If less than one day	MEDICAL CERTIFICATION 20. BATE OF DEATH
9. Birthplace to the form of t	Due to
11. Industry or business 12. Name Cropnoco 13. Birthplace	Other conditions Chance Methodics 2 75 (Include pregnancy within 8 months of death)
16. Informant // W. Sella advisor	Major findings of operations
(Burial, committee, or crematory, 1946) Cemetery or crematory, 1997 Ceme	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicido, or homicide
18. Funeral director To Bailey Address A arkington Mills 19 May 35 19 46 Mc Markirk	Moans of Injury Injured at work? 23. SIGNATURE M. D. or other
(Date of d by registrar) Registrar	Address Date signod Date signo



PLACE OF DEATH.

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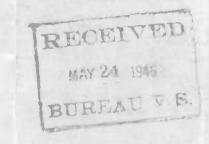
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

CERTIFICATE OF DEATH

(4889)
Reg. Dist. No. / 80

County Harford	(For newborn infants give residence of mother)	
City or town	State Mary County Stay	***************************************
How long in above place of dealh?	City or town	rest town)
noophing matriation of direct auditod white dealir occurred.	Street No	***************************************
How leng in hospital or institution?	2.(a) If veteran, name war	************************
3. (a) FULL NAME	3. (b) Social Security 1	Vumber
Francis a. Lee		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male White Marriel	20. DATE OF DEATH 200 19.46	et 355 PM
6.(b) Name of husband or wife Makey a Lew	21. I CERTIFY that death occurred on the date above stated; that I atlended decea	sed from
	4-2 1938 10 5-19	
7. Birth date of deceased (mo., day, yr.) Mar. 10, 1854	and that I last saw h. Am., alive on	
8. AGE: Years Months Days If less than one day	Immediate cause of death	DURATION
92 2 9hrsmin.		day
9. 81 thplace. Cenne	Due to generalized arterial scherotic	Years
(Town, courty, and state)	heart diverse.	***************************************
10, Usbai occupation.	Due to	***************************************
11. Industry or business 12. Hame William J. Lew		************************
12. Hame William , and	Other conditions	
	(Include pregnancy within 3 months of death)	
14. Malden name Maryaret Kencaul 15. 8irthplace Maryland	Major findings of operations	
E 15. 8 irihplace		
16. Informant Augustica Au	Autopsy results	tatistically.
Address about 140	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or cremator Morentains Christian	Where did injury occur?	(State)
Location Maria Maryland	Injured at home, farm, Industry, public place (where?)	
18. Funeral director 14 o'evand 15, Mc Com yard	Meens of Injury Injured at work?	
Address abrendon mereslend	0.104	1-1 h
manage all m. m. m.	23. SIGNATURE NEW ON OUT WO	r other
(Date for d by registrar) 19 Masee Masee Registrar	Address Edyewood and Date signed	5-20-4



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (53) CERTIFICATE OF DEATH

64890

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	
(If outside city or town limits, write RUKAL and give nearest town)	State County County
	City or lowo
How long in above place of death?	til outside city or town limits, write KURAL and give nearest town)
nuspital, institution, of Street address where death occurred.	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Henry Maatellen Lov	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White Morring	20. OATE OF DEATH. MANY 12 19.46 at 6 9 m
6.(b) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from
	1/1am 12 19/6 , to Man 12 19/6
7. Birth date of	and that I last taw h. MM allve on Many 124 1946
deceased (mo., day, yr.) ASA 6, 863	Immediate cause of death OURATION
8. AGE: Years Mooths Days It less than one day	
Ch C /xhrsmin.	(an common of Mutantate)
	(Gamany in Allan)
9. Birthplace (Town, county, and state)	Due to.
tO. Usuat occupation	Que to
tt. Industry or business	
E 12 Name Pulis Love	Other conditions
	other conditions
t3. Birthplace	(Include pregnancy within 3 months of death)
= 14. Maiden name Conchant City Brown	
1 last the med	Major findings of operatious.
E 15. Birthplace	
t6, Informant/ List file from the state of t	Autopsy results
Address Braduston Pal	PHYStCIAN: Itease underline the cause to which death should be charged statistically.
B 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	22. VIOLENCE: It death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
	Where did injury occur?
Cemetery or crematory	Where did injury occur?
Location	Injured at home, tarm, industry, public place (where?) Means of Injury Injured et work?
18. Funeral director	mestis of infinity
Address Parm Grove Cal	23. SIGNATURE Josiah a. Amt M.D.
19 May 15 1946 Thomas P Brown	M. D. or other

JUN 4 1946 BUREAU V E

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

U4831

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Md County Harford
(If outside city or town limits, write RURAL and give nearest town)	City or town (If ontside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
	Street No
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Charles C. MC	leary. 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M White Widowed.	20. DATE OF OEATH Nay 9 / 1946 at 3 32 M
8.(b) Name of husband or wite Alice & McClears	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
S.(c) It alive, give ageyears	Jan 1973 to 19/5
7. Birth date of deceased (mo., day, yr.) Mar 9 1865	and that I last saw h
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
8/ 2hrsmia.	C. V. disease 2 yrs
9. Birthplace (Town, connty, and state)	Due to
10. Usual occupation Railroad Mother.	Due to.
11. Industry or business	
12. Name Nerry M. Cleary. 13. Birthplace Work Co. Pa,	Other conditions
	(Include pregnancy within 8 months of death)
14. Maiden name Mary Me Surk	Major findings of operations.
E 15. Birthplace Gorpe of	
16. Informant Arabara T	PHYSICIAN: Please noderline the cause to which death should he charged statistically.
Address Delair, 11100.	22. VIOLENCE: It death was due to external causes, till in the tollowing:
17(Burlal, cremation, or removal Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cometery or crematory Slate Budge Com.	Where did injury occur?
Location Delta, Pa.	Injured at home, farm, industry, public place (where?)
18. Funeral director Typhent P Warbens	Meens of Injury Injured at work?
Address Dolla, Pal,	Garald C Palmer M7
5-11 46 Princella forusard	23. SIGNATURE M. D. or other
19. (Date ree'd by registrar) Registrar	Address Sel Av, Ma Date signed 5/9/96

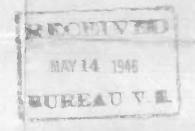
VS A15

PLEASE WRITE PLAINLY, 1 is especially

MARGIN RESERVED FOR BINDING

Sworn to before me, a Notary Public for the State of Maryland County of Harford, on this the 9th day of May, 1946.

Maie T. Kirk Notary Public



2411 N. Charles St., Baltimore (50)

CERTIFICATE OF DEATH

		191
Reg.	Dist.	No

.... Date signed

			7
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	DECEASED:	
County			
(If outside city or town limits, write RURAL and give nearest town)	State State County County		
How long In above place of death?	City or town (If outside city or town limits,	write RURAL and give near	est town)
Hospital, institution, or street address where death occurred:	Street No. RANT DA	red	
***************************************	(If rurai, give L	OCATION)	******************
How long in hospital or institution?	2.(a) It veteran, name war	my	
3. (a) FULL NAME		3. (b) Social Security N	umber
mus. Comme E. Moore		From.	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Famale White Wishow	2D. DATE DE DEATH	127 1946	10:00 M
8.(b) Nama of husband as wife Charles De Margel	21. I CERTIFY that death occurred on the date apove		
	act 18.64	5, to the	27 19.46
7. Birth dato ot	and that ! last saw h. L.d. alive on	Ang 26'	1946
deceased (mo., day, yr.)	Immediate cause of death	/	DURATION
8. AGE: Years Months Days It less than one day			
84 10 min.	arculatory Jan	lugz	
9. Birthplace Vingues	Due to.	0	******************************
(Town, county, and state)	Corcinona	House,	Mrs.
10. Usual occupation.	BI-	/	
11. Industry or business	Due to	•••••••••••••••••••••••••••••••••••••••	*******************************
= 12. Name Walliams & Curtis	Dther conditions	***************************************	*******************
E 13. Birthplace VInderman			*******************************
	(Include pregnancy within 3 mo	onths of death)	
14. Malden name Linguistin Sargari.	Major findings of operations		
E 15. Birthplace Vinginia.			
16. Interment & State Classel L. Deleter	Autopsy results.		
n ra 1 st 1 st	PHYSICIAN: Please underline the cause to which		
Address Just 139 et allereller med	22. VIOLENCE: 11 death was due to external cause	s, till in the following:	
(Burial, cremation, or removal. Which?)	Accident, suicide, or homicide		
1 1 1			
Cemelery or crematory	Where did injury occur?(City or town)	(County)	(State)
Location Location L.	Injured at home, tarm, industry, public place (whe		
19. Funeral director. Describe Stage	Means of Injury	Injured at work?	
Address Schenkelm Ind.	Ald All	- mi	
. Mars 29 . 46 nollie 2/ Rilo	23. SIGNATURE	M. D. or	other
(Date rec'd by-registrar) Registrar	Address aberdelle 01	77. Date signed	128/46

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE VS A15

CERTIFICATION OF DEALER

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JUN 4 1946
BUREAU V.S.

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ter item of information should be carefully supplied.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Ever correct age is especially important. Physicians: please y especially important.

VS 150

BALTIMORE CIT	TY HEA	ALTH DE	EPARTMI	ENT
CERTIFIC	ATE	OF I	DEATH	1 83-6

Registered No.....

PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	1
a) Baltimore City, Maryland	(a) State (b) County	2
b) Street address.	(c) City or town Perryman	
c) Mospital or Institution:	(If outside city or town limits, write RURAL	and give town)
Jerryman Mix	(d) Street No.)
d) Length of stay in hospital or inst. (yrs., mos., or days)	(e) Citizen of foreign country?	(Yes or No)
e) Length of stay in Ballimore (yrs., mos., or days)	If yes, name country	
(a) FULL NAME	PETARO TO BRIAD" A	, , , , ,
(b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	STANDONIA
No. TONE	20. DATE OF DEATH May 18 1946	, at 8 P M
Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above states	
EMALE WHITE divorced.	ed deceased from Ne 2 6 1945, to Miss	7/8 1946,
(b) Name of husband or wife show Potocki	and that I last saw her alive on May 18 19	46.
6 (c) If alive, give age years	Immediate cause of death	Duration
. Birth date of deceased (mo., day, yr.)	Cerebral obrombosso	(00/Co.
3. AGE: Years Months Days If less than one day		
78 hr. min.	Due to arteris Selevous	
Birthplace P& b AND	***************************************	
(Town, county, and state)	Due to	
10. Usual Occupation NONE		, , , , , , , , , , , , , , , , , , , ,
11. Industry or business	Other Conditions	, (
12. Name JOHN KOWALEWSKI	(Include pregnancy within 3 months of death)	PHYSICIAN
13. Birthplace POLAND	Date of operation	Underline the
14. Maiden Name UNIC	Major findings of operation:	death should be
to the state of the second and the second and the second		charged statis-
a 15. Birthplace OLAND	of autopsy:	tienlly.
16 (a) Informant ERA DAMESYN	22. If death was due to external causes, fill in the fol	
(b) Address PERRYMAN MD	(a) Accident, suicide, or homicide	The second second
17 (a) BURIA 4 (b) Date thereof MAY 21/46	(c) Where did injury occur?	NI
(Burial, cremation, or removal) (month) (day) (year)	(City or town) (Coun	
(c) Cemetery or crematory HOLY (05 ARY	(d) Did injury occur about home, on farm, industrial p	
Location 2/15T MO (E	place? While at work	17
18 (a) Funeral director Trad W Gaseurs	(e) Means of injury,,	
(b) Address 930 Eastern Clary	23, Signature Alance	
19 (a) (Derte rec'd by registrate) (Derte rec'd by registrate)	Address Jerman Mi Date sign	sed 5/20/4
(Date rec d by registrar)	L'acc sign	

2411 N. Charles St., Baltimore 337

CERTIFICATE OF DEATH

Reg. Dist. No. 181

CERTIFICAT	Reg. Dist. No
1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn inferts give residence of mother) State County City or town Rural Office access to the county of the
1	2.(0) It veteran, name war
3. (a) FULL NAME James Edwin /	Tiddle 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Made while chaowed	20, DATE OF DEATH 19 The at 2 1 . M
6.(b) Name of husband or wife serve Hershey / Loddle 6.(c) If alive, give age years 7. Birth date of deceased (mn. day yr.) 1. 8. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 27 19.46, to 71 ay 3 19.46 and that I last saw have alive on 19.46
accorde (mail ask) his	Immediate cause of death DURATION
o. Adu.	Coronary emblering 6 Dus
8 6 6 23hrsmin.	
9. Birthplace Balto. Co. 11/d.	Due to Che, suy/ocar de la
Committee of the country of the coun	
10. Usual occupation Jakar / Xangel	
11. Industry or business Citizen	Due to
12. Name Slegah Made	Dther conditions
13. Birthplace	(Include pregnancy within 3 months of desth)
14. Maiden name Society Cole 15. Birthpiace 17. Maiden name 15. Birthpiace	
S of Distriction ! Mil.	Major findings of operations
Was No less & Daylor	Date of op.
16. Informant	Autopsy results
Address Oferdeen TM. M.O. I	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Surva Date thereof June 3/946 (mouth) (day) (year)	Accident, suicide, or homicide
Tandres (ark)	Tw
Cemetery or crematory	Where did injury occur?
Location Delemore //a	Injured at home, farm, Industry, public place (where?)
18. Funeral director / Maduson Muschell	Meens of Injury Injured at work?
Address Vavre de Grace, Md.	23. SIGNATURE I Craffe Holy hard
18. June 2 19 46 Beilw B. Kritht	Address Churcharle Med Bate signed June 1

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the eauses of death clearly and legibly.

MARGIN RESERVED FOR BINDING

JUN 10 1946
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159

CERTIFICATE OF DEATH

A695 185

	Reg. Dist. No
1. PLACE OF DEATH: planfurd	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
City or town	City or town
How long in hospital or institution? Ween box	Street No
3. (a) FULL NAME Baby Rol	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH May 7 18 46 21 2 36 1 M
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 18 to 72 19 19 46 and that I last saw h. — alive on 72 19 19 19 19 19 19 19 19 19 19 19 19 19
deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day Fig. 4	Immediate cause of death DURATION
9. Birthplace Thank de Draw (Town, county, and state)	Due to.
11. todustry or business 12. Name Addition & Chairman	Due to.
Z 13. Birthplace Springewater n. 4.	Other conditions
14. Malden name. Exitle Corp. 15. Strthplace Ohio. Marine Archive.	Major findings of operations.
Address Hanede Dean	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the tollowing;
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year) Cemetery or crematory	Accident, suicide, or homicide
18. Feneral director, Personal de Prace	Injured at home, tarm, industry, public place (where?)
Address Have de Grace	23. SIGNATURE Dudley Phillips m. D. or other
(Dato rec'd by registrar) (Bato rec'd by registrar) (Bato rec'd by registrar)	flaying mannal tempes signed 8/7/46

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RESERVED FOR BINDING

MARGIN

RECOIVED BUREAUVE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 937

04896

Reg. Diat. No ...

CERTIFICAT	TE OF DEATH Reg. Diat. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECFASED: (For newborn infants give residence of mother) Stale
3. (a) FULL NAME	akel (Lacol) 3. (b) Social Security Number
4. Sex 5. Color of rap 6.(α) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH MEDICAL CERTIFICATION 19 46 930 P.
6.(b) Name of husband or wife	24 I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 46 to May 26 19 41 2 and that I last saw h. M. alive on 5125 46 19
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death Cerebral Embels 6 LL
9. Birthplace	Due to Mystandial desers & and. Due to Mystandial desers & Curt. Due to Mystandial desers & Church.
11. Industry or business 12. Name Character 13. Birtholage	Other conditions of death)
14. Malden name	Major findings of operations Culture solution Date of op.
16. Informant MAN Mangalet Restarted Address 423 S. Aurow St.	Autopsy results
(Burial, cremation, or removal. Which) Cemetery or crematory.	Accident, sulcide, or homicide
18. Funeral director	Injured at home, farm, industry, public place (where?) Méans of Injury Injured at work?
19. (Date rec'd by registrar) Registrar	23 SIGNATURE Cully Chilly M. D. or other Waress Warford Mempial Lepp Date signed 5,27

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (98)

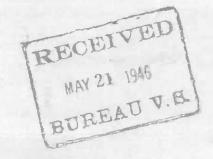
CERTIFICATE OF DEATH

Address Forest Hell Ma Date signed 5,113/1/

04897

	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limita, write RURAL and give nearest town) Street No (If rural, give LOCATION) 2.(a) If veteran, name war
:	3. (a) FULL NAME	
	anne Schultz	3. (b) Social Security Number
	4. Sex 5. Color or race 6. (a) Single, married, wildowed, or divorced F. Lith 6. (b) Name of husband or wife A or a color	MEDICAL CERTIFICATION 2D. DATE DF DEATH. 20. 1946at
	8. AGE: Years Months Days If less than one day hrs. min.	and that I last saw how alive on Many 1946. Immediate cause of death DURATION Service of Role 5 Mos
	9. Birthplace (Town, county, and state) 10. Usual occupation	Due to
	12. Name 12. Name 13. Birthplace Balto Co. Jud. 1 14. Malden name faith Mc Keinley 15. Birthplace Bolto Viel	Other conditions
	16. Informant Vivo. Okona Billian Address 4.3 2 M Polosina LA	Antopsy results PHYSICIAN: Please anderline the cause to which death should be charged statistically.
	17. Burial, cremation, or removal. Which?) Bate thereof. J/15 44 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
	Location Baltimore County	(City or town) (County) (State) Injured at home, farm, industry, public place (where?)
	Address 7401 Belair Road 5/20 46 Phisogla forward	23. SIGNATURE Willard P. M. D. or other
	(l)ate /ec'd by registrar) Registrar	Address Forest Hell Ma Date signed 5.7.1.31.4.6





PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BINDING

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MARGIN

PLEASE WRITE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 63-6

CERTIFICATE OF DEATH

04898

			1	9	5	6
Reg.	Dist.	No.				

1. PLACE OF DEATH!	2. USUAL RESIDENCE (HOME) OF DECEASED:
County J. M. M. J. M. C.	(For newborn infants give residence of mother)
City or town	State Though and Dounty
	(If outside city or toon limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city or toon limits, write RURAL and give nearest town)
Har fred Memoral Mpp	Street No.
	(If rural, give LOCATION)
How long in hospitator institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Kata. Oe	+ 1000
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
T 11 20	WEDICAL CERTIFICATION
TWIN	20. DATE OF DEATH. Many Q 19.46 at 9 A N
6.(b) Name of husband or wife Charles & Saston,	21_I CERTIFY that death occurred on the date above stated; that t attended deceased from
	May 1 1946, 10 May 6 1946
7. Birth date of	and that f fast saw h 22 allive on may be 19 46
deceased (mo., day, yr.) tel. 13, 1901	
8. AGE: Years Months Days If tess than one day	Immediate cause of death
45 3hrsmln.	leat Failure El
70 3	Jacob Jacob
9. Birihplace (Town, county, and state)	Due to
(Town, county, and state)	Nerse Thus male
10. Usuat occupation	Due to.
11. Industry or business	
E 12. Name + elix / Cecto	
	Dther conditions
13. Birthplace	(Include pregnancy within 3 months of death)
14. Maideo name. He bies Oudlews 15. Birthplace to	
S 15. Birthotace	Major findings of operations.
	Date of op.
16. Informant May Charles & Sayton	Autopsy results
Address Perryman mel	
17. Bessioned Date thereof May 7-19-16.	22. VfOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Whigh?) (mouth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
110. 10 20 0	
Location Office 10	Injured at home, farm, Industry, public place (where?)
18. Funeral director Sense James Soves	Means of Injury Injured at work?
Address Wellerdigm mg	23 SIGNATURE Willey Mully Mully Mully
10 May 6 10 46 a. X. Lewso med	M. D. or other
(Date rec'd by registrar) Registrar	Address Ulford Mesural Mor Pate signed 3/6/46

MAY 8 1946 BUREAU V M.

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MAY 23 1946

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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	Dist.	Mr.	1	9	5-	
eg.	Dist.	No.		Ø	v	

CERTIFICA	TE OF DEATH Reg. Dist. No. 185-
1. PLACE OF DEATH: County Land	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State County City or town Street
How long in above place of death? Rospital institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town) Street No.
How long in hospital or institution? a day	(If rural, give LOCATION)
3. (a) FULL NAME	2.(a) If veteran, name war
4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	es
M W S	MEDICAL CERTIFICATION 2D. DATE DF DEATH. 5/1 19 46 at /2 P.
6.(6) Name of husband or wife	21. I CERTUPY that death occurred on the date above stated; that I alterded deceased from 44.25
7. Birth date of deceased (mo., day, yr.) Nov. 22, 18 66	and that I last saw h. M. alive on
8. AGE: Years Months Days If less than one day	Immediate cause of death
79hrsmin.	Memia 6day
9. Birthplace (Town, county, and state)	Chronic defless rephute
11. Industry or business	Due to
12. Name	Other (philitions
	(Include pregnancy Within 3 months of death)
14. Maiden name lebe cea Scarbonorge 15. Birthplace Steel me	Major findings of aperations.
16. Informant Hospital Records	Autopsy results
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial, cremation, or removal. Which?) Date thereof. Date 3, 1945. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory	Where did lajury occur?
Location Derbling Tid.	Injured at home, farm, Industry, public place (where?)
18. Funeral director	Means of Injury Injured at work?
Address Darling ton, Old	23. SIGNATURE Muedla Chellin hu
19. May 2 6 46 4. L. Laws W. Registrar	Addental Meuris Hop Date signed 5/1/46

VS A15

PLEASE



X	60	place of death is shown on 2411 N. Charle	PARTMENT OF HEALTH a St., Baltimore 772 E OF DEATH	.04901/82 Reg. Diat. No. / 82
3	ion carefully. The correct clearly and legibly.	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m State	other TINNEHTUNAE BUXN'E write BURAL and give nearest town) Koall
	information of death clea	3. (a) FULL NAME	2.(a) If veteran, name war	3. (b) Social Security Number
Ď	of inforses of de	4. Sex S. Color or race 6.(a) Single, married vidowed, or divorced Mayried Mayried		705-12-4852 RTIFICATION 46 10A
R BINDING	ry item the caus	6.(b) Nama of husband or wife Betty C. Thomas Nee Eden 60 7. Birth date of	21. I CERTIFY that death occurred on the date above	10
RVED FOR	Supply ease wr	8. AGE: Years Months Days If less than one day 2 //hrsmin.		DURATION
IN RESERVED	ADING INK. Physicians: pl	9. Oirthplace CONNE/SVILE, Pa Frown, county, and state) 10. Usual occupation Relief Engineey 11. Industry or business alvert Distillery Relay, Md	Due to	
MARGIN	Er.	12. Name OTYI Thomas 13. Birthplace Summer field Pa	Other conditions. (Include pregnancy within 8 na	onths of death)
1	7, WITH UNI	14. Malden name Lawa Lawaster 15. Birthplace Fayetta Co. Pa 15. Informant Mys. Francis R. Thomas	Major findings of operations.	Date of op.
•	PLAINLY, s especially	Addres Ba / timote 25 Md. R.F.D. #4-Boy 38 17. Remonal Date thereof (Month) (day) (year)	PHYSICIAN: Please underline the cause to whin 22. VIOLENCE: If death was due to external caus. Accident, aulcide, or homicide.	
M 21-25-15 M	RITE	Cemetery or crematory DEN BUYNIE MA	Where did injury occur? City or town) Injured et home, farm, industry, public place (whe	4 - 10
A15 9	PLEASE W	18. Funeral director Lomes W. Have flow. Address Flew Burnie MA.	Means of Injury Follows of Law Served C. F	almer uD hial Framer
VS	PLE	19. May 12 19 46 M. H. Kirle (Dato ye'd by registrar) Registrar	23. SIGNATURE Harfird Comb	M. D. or other Date signed 3/12/46

RECEIVED
MAY 22 1946
BOREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 25-0)

CERTIFICATE OF DEATH

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A REPLACE

1. PLACE OF DEATH: County
County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Street No (If rural, give LOCATION) How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced MEDICAL CERTIFICATION 20. DATE OF DEATH A 21. 1 CERTIFY that death occurred on yie date above stated; that I attended deceased from
State County (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced WEDICAL CERTIFICATION 20. DATE OF DEATH A. 20. 21. 1 CERTIFY that death occurred on yie date above stated; that I attended deceased from
How long in above place of death? Hospital, institution, or street address where death occurred: Street No. (If rural, give LOCATION) 2.(a) If veteran, name war 3. (b) Social Security Number 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced MEDICAL CERTIFICATION 20. Date Of Death A. M. 19. Here, at
How long in above place of death? Hospital, institution, or street address where death occurred: Street No. (If rural, give LOCATION) 1. (If rural, give LOCATION) 2. (a) If veteran, name war 3. (b) Social Security Number 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced MEDICAL CERTIFICATION 20. Date Of Death A. M. D. D. M. D. M
Hospital, institution, or street address where death occurred: How long in hospital or institution? Street No
Street No. (If rural, give LOCATION) How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION 20. Date of Death A. M. 19. M
How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced MEDICAL CERTIFICATION 20. DATE OF DEATH A Day 19 46, at 73 CM 21. 1 CERTIFY that death occurred on the date above stated; that I attended deceased from
3. (a) FULL NAME 3. (b) Social Security Number 4. Sex 5. Color or race 6. (a) Single, married, wildowed, or divorced MEDICAL CERTIFICATION 20. Date Of Death 4. M. 19. 46. at
4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced MEDICAL CERTIFICATION When of bushed a wide 19. 46 at 1 attended deceased from 20. Date of Death A. 4. 20. Date of Death A. 4. 20. Date of Death A. 4. 21. 1 CERTIFY that death occurred on yield attended deceased from 21. 1 CERTIFY that death occurred on yield attended deceased from 22. 23. 24. 25. 25. 26. 26. 26. 26. 26. 26. 26. 26. 26. 26
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION W. Married Death M. M. 19. 46., at 73.04 20. Date of Death M. M. date above stated; that I attended deceased from
M. W. Married 20. DATE OF DEATH & 4 May 19 46, at 7300 21. I CERTIFY that death occurred on yet date above stated; that I attended doceased from
M. W. Married 20. DATE OF DEATH & 4 M date above stated; that I attended doceased from
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(6) Name of husband or wife 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(0) Name of flustration of white
19 4 10 19 19
6 (e) If alive elve age years
Immediate cause of death DUKATION
8. AGE: Years Months Days It less than one day
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mel to the
9. Birthplace
10. Usual occupation
11. Industry or business
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13. Birthplace (Include pregnancy within 8 months of death)
(Include pregnancy within 8 months of death)
14. Maiden name Clipt Dunton Major findings of operations. Major findings of operations.
E 15. Birthplace Date of op.
Ma B + Wrotte
16. Informant Mai Antopsy results. PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
Address + alls tow hit i
22. VIOLENCE: If death was due to external causes, fill in the following:
17. Date thereof. (month) (day) (year) Date thereof. (month) (day) (year) Accident, suicide, or homicide. Date of Dat
Cemetery or crematory 75 512 M C (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?)
0.000
18. Funeral director. Clause E. Cicling Means of Injury Injured at work?
1 18. Funeral sirector.
F=10 2.1.
Address Fork red.
F-12 2.1.

MAY 29 1946 BUREAU V. S.